

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1.86

Postmark
Here

Sent To: *Bobby J. Edwards, Neo-Kel LLC*
Street, Apt. No. *1006 Hwy 22*
or PO Box No.
City, State, ZIP *Dresden, TN 38226*

PS Form 3800, January 2001

See Reverse for Instructions

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 8467 1255

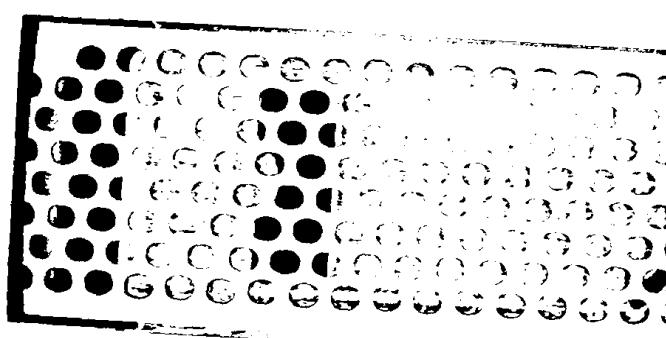
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 1.86

Postmark
Here

Sent To: *Bobby J. Edwards*
Street, Apt. No. *9930 Hwy 22*
or PO Box No.
City, State, ZIP *Dresden, TN 38225*

PS Form 3800, January 2001

See Reverse for Instructions



RECEIVED

DEC 1 0 2001

OFFICE OF PETITIONS

EXHIBIT

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